

HSP Data Collection Worksheet – HSP SW	
<b>Case Name:</b>	<b>Case #:</b>
<b>HSP SW:</b>	<b>Wk. Code:</b>
<b>Instructions:</b> complete section(s) and forward to supervisor. All worksheets for the month are due to the HS Supervisor and FileNet no later than the 3 <sup>rd</sup> working day of the following month.	
<b>Housing Placement</b> <i>Housing placement is the date the family moved into permanent housing using HSP funds.</i>  <b>Referral Date:</b> _____ <b>Placement Date</b> (move in day): _____	
<b>Case Management: Housing and Relocation Services</b> <i>Update on a flow basis to indicate services provided in the month.</i>  <div> <b>Month</b> _____ <input type="checkbox"/> Case management <input type="checkbox"/> Landlord engagement  <input type="checkbox"/> Housing search/placement <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Other _____ </div> <div> <b>Month</b> _____ <input type="checkbox"/> Case management <input type="checkbox"/> Landlord engagement  <input type="checkbox"/> Housing search/placement <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Other _____ </div> <div> <b>Month</b> _____ <input type="checkbox"/> Case management <input type="checkbox"/> Landlord engagement  <input type="checkbox"/> Housing search/placement <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Other _____ </div> <div> <b>Month</b> _____ <input type="checkbox"/> Case management <input type="checkbox"/> Landlord engagement  <input type="checkbox"/> Housing search/placement <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Other _____ </div> <div> <b>Month</b> _____ <input type="checkbox"/> Case management <input type="checkbox"/> Landlord engagement  <input type="checkbox"/> Housing search/placement <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Other _____ </div> <div> <b>Month</b> _____ <input type="checkbox"/> Case management <input type="checkbox"/> Landlord engagement  <input type="checkbox"/> Housing search/placement <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Other _____ </div>	
<b>HSP Discontinuance</b> <i>Discontinuance date is the last day of the month following the month it is determined that no HSP payment will be made in any future months.</i>  <b>Discontinuance date:</b> _____ <b>Reason</b> (select one):  <div> <input type="checkbox"/> Completed HSP program <input type="checkbox"/> CalWORKs discontinued  <input type="checkbox"/> Noncompliance with HSP rules <input type="checkbox"/> No longer HSP eligible/no funding </div>	

☐ Family moved out of county

☐ Family whereabouts are unknown

☐ Other (explain) \_\_\_\_\_

**Family Housing at Discontinuance** (select one)

☐ Family is in permanent housing and is not receiving a subsidy

☐ Family is in permanent housing and is receiving a subsidy

☐ Family who had a judgment for eviction from a court has retained permanent housing

☐ Family is sharing housing with relatives/friends

☐ Family is in a shelter or nighttime residence that is a supervised shelter

☐ Family is residing in a public or private place not designed for/used by human beings

☐ Family has unknown housing situation

☐ Family has other housing situation (explain) \_\_\_\_\_

**Length of time in HSP after placement in permanent housing.** *Placement month through HSP discontinuance month.*

☐ One calendar month or less

☐ Two – three months

☐ Four – five months

☐ Six months or more

Notes: \_\_\_\_\_

\_\_\_\_\_